FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 25 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

INDIAN RIVER SOCCER ASSOCIATION, INC.				
Principal Place	e of Business	Mailing Address		i 1981 1941 1941 1988 (1118 (1816 (1915 att) Alait siatt Siatt att) alait atat atat
P.O. BOX 650611 P.O. BOX 650611 VERO BEACH FL 32965-7611				3. Date Incorporated or Qualified 01/29/1986 4. FEI Number Applied For
				NOT APPLICABLE Not Applicable
Principal Place of Business 1		26. Mailing Address		Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28	Country	☐ Yes ☐ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curre		<u> </u>	10. Name and Address of New Registered Agent
-			61 Name	
VOYLES, PATRICIA 82 Street Addr			Voyles Jr., 17, Mashall	
VOYLES, PATRICIA			82 Street Add	drass (RO Box Number is Not Acceptable)
	BARC FL 32962		63	
VEITO EL	57110 TE 0250E		84 City 1	les Zin Coda
			- "	Vero Seach FL 32962
11. Pursuant	to the provisions of Sections 617.05	502 and \$17,1508, Florida Statutes	, the above-named co	rporation submits this statement for the purpose of changing its registered
office or r agent. I a	egistered agent or both, in the htal m familiar with, and schapt the do	te of Florida. Juch change was au Mations of Section 617.0508, Flori	ithorized by the corpor ida Statute≰.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	1 LIVANILL	WILL K	Marshall 1	Voyles, or. 2-3-48
SIGNATIONE,	Signature, typed or printed name of registered a		Registered Agent signature req	
12.	,	ND DIRECTORS X DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ANADOREM ANAMA	DECERE	1.1 TITLE	Milver Fritzane Waddition 846 Sandfly Lane
NAME	CAMPBELL ALAN		1.2 NAME	846 Sand fly cane
STREET ADDRESS	518 10TH AVE. VERO BEACH FL		1 1 1	ko Beal FL 32963
CITY-SI-ZIP TITLE	SD SD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	VOYLES PATRICIA		22 NAME	
	395 13TH LN		2.3 STREET ADDRESS	
STREET ADDRESS	VERO BEACH FL 32960		2.4 CITY-ST-ZIP	,
CITY-ST-ZIP TITLE	VPD	DELETE	3.1 TITLE	PD X Change Addition
NAME	FEGERT, FORD		3.2 NAME	Fegent, FULD
STREET ADDRESS	509 RIVER DR		3.3 STREET ADDRESS	509 River Drive
CITY-ST-ZIP	VERO BCH FL			Vero Beal. FL 32963
TITLE	TD	DELETE	4.1 TITLE	↑ Change 🔼 Addition
NAME	GARRETT, SHERRY	•		loyles Jr., R. Marshall
STREET ADDRESS	1180 29TH AVE		4.3 STREET ADDRESS	395- 13th Avenue
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY - ST-ZIP	Vero Beach FL 3296C
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
OTDEET ADODESC	ı		6.9 STREET ADDRESS	

14. I hereby certify that the Information supplied with this filling indicated on this annual report or supplemental annual report fice or director of the corporation of the deeper or trust Block 12 or Block 13 If changest or on an interferent with.

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an execute this report as required by Chapter 617, Florida Statutes; and that my name appears in